

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)****Docket Number**  
RIM00025**FY 2008**

(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

Application Number	10788490	Filed	03/01/2004
For	SYSTEM AND METHOD FOR BUILDING WIRELESS APPLICATIONS WITH INTELLIGENT MAPPING BETWEEN USER INTERFACE AND DATA COMPONENTS		
Art Unit	2192	Examiner	Wang, Ben C

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):

<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$130.00	\$ _____
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$490.00	\$ _____
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$1110.00	\$1,110.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1730.00	\$ _____
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2350.00	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number **505278**. The Deposit Account Name is **Motorola Mobility, Inc.**

I have enclosed a duplicate copy of this sheet.

I am the:

☐ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record (Registration No.: 37,585 )

☐ Attorney or agent under 37 CFR 1.34

Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

January 24, 2011

Date

/Simon B. Anolick/

Signature

847-523-2339

Telephone Number

Simon B. Anolick

Type or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form(s) are submitted

(SB/22 (12-04))